| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | |
|--|--|---|-----------------------|-------------------------------|--------------|------------------|-----|---------------------|------------------------------|-------------------------------|--------------------|------------------------|
| | | CLAIMS A | (Column 1) (Column 2) | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | THAN |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | ľ | RATE | FEE |
| BASIC FEE | | | | | | A | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | * | 1 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | · / 50 = | | X \$ 125 = | | | X \$ 250 = | 700 |
| TOTAL CHARGEABLE CLAIMS | | | 13 mi | nus 20 = | | | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | / " | inus 3 = | • | | 1 | X \$ 100 = | - | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PRE | | | SENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 900 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | 1 1 | SMALL E | | OR | OTHER 1 SMALL E | NTUTY |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · 13 | Minus | ** 7 | 0 | = | | X \$ 25 = | | OR | X \$ 50/= | |
| | Independent | • / | Minus | *** | 3 | = | | X \$ 100 = | | OR | x \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. | | OR | FFF | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X \$ 25 = ` | | OR | X \$ 50 = | |
| AME | Independent | • | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | · |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEP | ENDENT | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | · |
| | | | | | | | - | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | , |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" th THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" in THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

FORM PTO-875 (Rev. 02/2005)

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